

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09781379</i>	FILING DATE <i>02-12-01</i>					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	/						53					
4							54					
5							55					
6	/						56					
7	/						57					
8	/						58					
9	/						59					
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11							61					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	/						TOTAL IND.					
TOTAL DEP.	9	↔	↔	↔	↔		TOTAL DEP.	↔	↔	↔	↔	↔
TOTAL CLAIMS	10						TOTAL CLAIMS					